SAMF	PAIGN CONTRIBUTION	ONS AN	ND EX	XPENSES	REPC	PRT	State	of Nevada	3
ZEBA	VARD LEE CLARK		Cir	Y COUNT	ul, A	TLAP	35E -BI	-No	
lame (pri	int) 11181 BENONUS		Office (if a	ipplicable) 7 <i>C HOR C</i>	4 LN	MENA	Dis 11.11.595.03	trict (if applicable)	
lailing Ad	ddress (include city and zip code)		•			T	elephone No.		
elect Ap	opropriate Box(es) 🔀 CANDIDATE	☐ PAC	BAG	POL PRT	Y []IND	EXP AN	MENDED ANI	NUAL FILING	
ן	Annual Filing - Due Ja Period: January 1, 2003 - Decem	-	-)4				<u></u>	1
	Report #1 — Due Augus its in an Office with a 4-year term its in an Office with a 6-year term	Period: Period:	Jan. 5, 2 Dec. 20,	2001 — Aug 26, 2 1998 — Aug 26 2004 – Aug. 26, 2	2004			10 A LID 10 / 1150	
	lvocacy Groups (BAGs) only:	Period:	•	2002 – Aug 26, 2			<u>!</u>		
	Report #2 Due Octob	-		, 2004 — Oct. 21	, 2004		FOR OFF		
	Report #3 Due — Janua	ry 15, 200)5*						4
 AGs on	•	Period:	Oct. 22,	2004 — Dec. 31 2004 - Dec. 5, 2	_				→
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Third	Annual Filing - Due Jan Period: January 1, 2004 - D Report suffices for 2005 Ann	December :	31, 200		ed Repo	rt Nos. 1	and 2		
								Cumulative	
	CONTRIBUTIONS	SUMMA	RY				This Period	From Beginni of Report Peri #1 through Er of This Reporting	rlod
1.	. Total Monetary Contributions Re	eceived in F	xcess o	of \$100			882,00	Period りなべの	6
	•					_	250,00	250.00	
2.	Total Monetary Contributions R	eceived of \$	TUU OF 1	_ess		_	200,00	250,00	2_
				This Period	Cumulati Beginnin Report Po Through This Rep	g of eriod #1 End of			
2	Total Amount of Houston Co		_	1132:0	Period			l	
ა.	Total Amount of Monetary Co Received	minibutions	i						
1	(Add Lines 1 and 2) Total Value of In Kind Contribut	ione Dosaiv	ad in		ı	_	1132.00	1/32.0	0
4.	Excess of \$100	IORS IVECEIV	- -	-0	4				
			EXP	ENSES SU	MMARY	,			
5	. Total Monetary Expenses Paid	in Excess o	f \$100				892,00	882.0	00
	. Total Monetary Expenses Paid						₽	- 10 -	<u> </u>
	. Total Amount of All Monetary						882.00	04.04	
8.	(Add Lines 5 and 6)Total Value of In Kind Expenses	in Excess			I	_	001.00	0 07.0	0
Ψ,	of \$100		-	⊕	<u>6</u>				
			,	AFFIRMAT	ON				
Declar	e Under Penalty of Perjury Tha	at the Fore	going is	s True and Co	orrect.				
B.	ernere Lee	Cla	uK	,			8-16	-04	
ignature							Date	<u> </u>	
L201.do	c	Revis	ed: Jan-	04		PAG	EOF	_6	

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BFBNAID LEE CLARK COUNCIL AT LARGE-ISENO NV
Name (print)
Office (if applicable)
District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
	6-10-04	-6-186.25	
TAMET L. CLANK	6-10-04 5-25-04 5-24-04	41.99 477.68	
FANET L. CLABK	5-24-04	64.38	·
			
SELF	5-20-04	250.00	
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Report Period #

BERNARD LEE CLARK COONCILAT LABSE BENO NV.
Name (print) Office (if applicable) Dis

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

BEBNABD LICLARK Name (print)

Couveil AT LABSE BENONU
Office (if applicable)

District (if

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
ROSS PHOTO	D	5-25-04	4/,79
LEOPABD PBINTING		6-1-04	186.25
SHEPLEBS CLOTHING	7	5-24-04	477.08
MAMSHAIIS CLOTHING	J	5-24-04	64,38
GOTCHALKS CLOTHING	J	5-24-04	112.60
,			

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d #

BEBNARD L. CLABK COUNCILAT LARGE BENDO NU
Name (print) Office (if applicable)

Office (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
· · · · · · · · · · · · · · · · · · ·				

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BNABD LICLARK

Council AT LARSE BENO NV.
Office (if applicable)

District (

District (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
		··· - · · · · · · · · · · · · · · · · ·	

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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

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Revised: Jan-04